

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS  | ID NO.          | DATE            |
|---------------------------|-----------|-----------------|-----------------|
| FEE DETERMINATION         |           |                 |                 |
| O.I.P.E. CLASSIFIER       | <i>DW</i> | <i>37</i>       | <i>11/13</i>    |
| FORMALITY REVIEW          |           |                 |                 |
| RESPONSE FORMALITY REVIEW | <i>CA</i> | <i>1/1/2015</i> | <i>1-3-21-4</i> |

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ... Canceled  
 + ..... Restricted

N ..... No  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

BEST AVAILABLE COPY

| Claim          | Date |
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| Claim          | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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